

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

# MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

27716

## 1. PLACE OF DEATH

County.....

Registration District No. 701

Township.....

Primary Registration District No. 1

City.....

(No. City, 2 Hospital #1)

File No. 7942

Registered No. 7942

St. Ward)

## 2. FULL NAME

(a) Residence, No. 31 of President St. St. 24 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

### 3. SEX

Male

### 4. COLOR OR RACE

White

### 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word)

Widower

### 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

### 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Unknown

### 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

abt 65

### OCCUPATION

### 8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

Laborer

### 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Unknown

### 10. Date deceased last worked at this occupation (month and year)

### 11. Total time (years) spent in this occupation

### 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Missouri

### FATHER

### 13. NAME

### 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

### MOTHER

### 15. MAIDEN NAME

### 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

### 17. INFORMANT (ADDRESS)

Harold H. Schulz

### 18. BURIAL, CREMATION, OR REMOVAL

Place: Gallers Field

DATE 9-12-1933

### 19. UNDERTAKER (ADDRESS)

Beck Bros. 3029 Lafayette Ave

### 20. FILED

1933

J. B. Bedeck Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-29-33 19

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to ..... 19.....

I last saw h..... alive on..... 19..... Death is said

to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic - myocarditis  
73C

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?.....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) Harold H. Schulz M. D.

(Address) 212 Lafayette Ave

